P.O. Box 12070

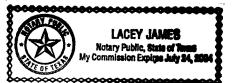
	SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT			FORM SPAC COVER SHEET PG 1		
	e SPAC Instruction G	UIDE explains how to complete this	1 ACCOUNT # (Ethics Commission filers)	2 Total pages file	d:	
3	COMMITTEE NAME			OFFICE	USE ONLY	
		nio Fluoridation for Ever	yone (SAFE)	Date Received		
4	COMMITTEE ADDRESS		CITY; STATE; ZIP CODE			İ
	Change of Address	6514 Pemmont SAN Antonio, TX 78	1240	Date Hand-delivered	or Date Postmarked	
5	CAMPAIGN TREASURER NAME	TITLE FIRST  CPA Harriet	MI	Receipt #	Amount	
	NAME	NICKNAME LAST	SUFFIX	. Date Processed	,	
		Marmon H	telmle	Date imaged	2002	
6	CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	Frost Bank f. O. Box 1600 100 West Houston St. SAN Antonio, TX 782		ZIP CODE	NY SI ME	Y OF SAN ANI
7	CAMPAIGN TREASURER'S MAILING ADDRESS  Change of Address	STREET OR PO BOX:  Frost Bank 100 West Houston Sto SAW Antonio, TX 78		ZIP CODE	11:58	UNIU
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 210 ) 220 - 4014	EXTENSION			
9	REPORT TYPE	☐ January 15 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	30th day before election 8th day before election Runoff		00 limit attach PAC-DR) ir campaign treasurer	
10	PERIOD COVERED	Month Day Year	THROUGH	Month Day	Year / 0 2.	
11	ELECTION	ELECTION DATE Month Day Year  11 / 07 / 2000	Primary Runoff	<b>⊠</b> General	Special	
		GO TO	PAGE 2			

#### **SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS**

P.O. Box 12070

#### FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME りみん	Antonio Fl	uoridation for Everyone	ACCOUNT # (Ethics Commission filers)
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	
SUPPORT	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
OPPOSE	X MEASURE	BALLOT IDENTIFICATION / # Month	ction DATE Day Year
ASSIST (officeholders only)	X MEASURE	Fluoridation Initiative	
14 NO REPORTABLE ACTIVITY	Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)		
15 CONTRIBUTION TOTALS	1. TOTAL POLIT PLEDGES, LC	ICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN DANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2
		ITICAL CONTRIBUTIONS  N PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLIT	ICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POL	ITICAL EXPENDITURES	\$ = 5
OUTSTANDING LOAN TOTALS		CIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE FTHE REPORTING PERIOD	\$
16 AFFIDAVIT		Lauren er effirm under penelty of perius	or that the accompanying



I swear, or affirm, under penalty of perjury, that the report is true and correct and includes all information required to be reported by me under Title 15, Election Code

Signature of campaign treasurer

AFFIX	NOTARY	STAMP /	SEAL	ABOVE
-------	--------	---------	------	-------

Swprn to and subscribed before me, by the said \_

, to certify which, witness my hand and seal of office.

Printed name of officer administering oath

# **SPECIFIC-PURPOSE COMMITTEE**

## FORM SPAC

	CAMPAIGN FINANCE REPORT COVER SHEET PG T					
	ne SPAC Instruction G rm.	5)	2 Total pages filed:			
3	COMMITTELNAME			OFFICE USE ONLY		
	SAN Ant	Tonto Fluoridation for Everyone		Date Received		
4	COMMITTEE ADDRESS  Change of Address	ADDRESS / PO BOX. APT / SUITE #: CITY. STATE:  65 114 Pemmont  SAN Antonio, TX 78240	ZIP CODE	Date Hand-delivered or Date Postman	rked	
5	CAMPAIGN	TITLE FIRST	мі	Receipt # Amount		
	TREASURER NAME	CPA Harriet M.	A <b>CM</b> <i>M</i> SUFFIX	Date Processed		
		Itelonke	•	Date Imaged	-	
6	CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE#. CITY: Frost Bank Po. Bex 1600 100 West Houston St. San Antonio, Texas 78296	STATE.	ZIP CODE		
7	CAMPAIGN TREASURER'S MAILING ADDRESS  Change of Address	STREET OR PO BOX. APT / SUITE #: CITY;	STATE:	ZIP CODE S		
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 320 -4014	ON	ALTONIO		
9	REPORT TYPE	January 15 30th day before election  July 15 8th day before election  Runoff		Exceeded \$500 limit  Dissolution (attach PAC-DR)  10th day after campaign freasultermination	irer	
10	PERIOD COVERED	<b>M</b> onth Day <b>Y</b> ear		Month Day Year		
		7 /11 /2001 THROUGH		1/14/02	:	
11	ELECTION	ELECTION DATE ELECTION TYPE  Month Day Year				
			unoff [	General Special		
	GO TO PAGE 2					

Austin, Texas 78711-2070

## SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

1-800-325-8506

12 COMMITTEE NAME SAN	Antonio Flu	oridation for Everyone	ACCOUNT # (Ethics Commission filers)	
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME  OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
X SUPPORT				
OPPOSE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year O			
ASSIST (officeholders only)	(A) MEASURE	DESCRIPTION Fluoridation Initiative		
14 NO REPORTABLE ACTIVITY	Check here if n	o reportable activity occurred during this reporting period. (Sign affidavil be	elow and submit pages 1 and 2 only )	
15 CONTRIBUTION TOTALS	1. TOTAL POLIT PLEDGES, LC	ICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN DANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0 -	
		ITICAL CONTRIBUTIONS N PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-	
EXPENDITURE TOTALS	3. TOTAL POLIT	TICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$ -6=	
	4. TOTAL POL	ITICAL EXPENDITURES	\$ -0-	
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  \$ -9-			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of campaign treasurer				
Sworn to and subscribe of Lanuary 20	ed before me, by the s	which, witness my hand and seal of office	this the 14 day	
Signature of officer admir	nistering oath	Printed name of officer administering oath  Title of off	icer administering oath	

SPECIFIC-PURPOSE COMMITTEI	Ξ
CAMPAIGN FINANCE REPORT	

### FORM SPAC COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.  1 ACCOUNT # (Ethics Commission filers)					2 Total pages file	ed:
3	COMMITTEE NAME				OFFICE	LISE ONLY
	SAN Antonio	Fluoridation for Everyone (	SAFE)			USE ONLY
		7,000	,		Date Received	
4	COMMITTEE	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE;	ZIP CODE		
	ADDRESS	P.O. Box 27093				
	Change of Address	SAN Antonio, Texas	78229			
					Date Hand-delivered	or Date Postmarked
5	CAMPAIGN	TITLE FIRST		MI	Receipt #	Amount
	TREASURER	6.44		A 1	Kacaipi #	Amount
	NAME	CPA Harriet		Marmon	Date Processed	
		telmle		SUFFIX	Date Imaged	
			1001175			
6	CAMPAIGN TREASURER'S	FLOST Bank	/ SUITE #; CITY;	STATE;	ZIP CODE	
	STREET ADDRESS (Residence or business)	P.O. Box 1600				
	,	100 West Houston ST.				
		SAN Antonia, Texas 78	296		700	<u>C</u>
7	CAMPAIGN	STREET OR PO BOX; APT /	/ SUITE #; CITY;	STATE;	ZIP CODE	
	TREASURER'S MAILING ADDRESS					
					Ö	
	Change of Address		4		<b>ט</b>	329
8	CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSI	ON	.,	
	TREASURER PHONE			•	5	OIN
	PHONE	(210) 220-4014				
9	REPORT TYPE					
		January 15  July 15	30th day before election 8th day before election		Exceeded \$50	0 limit ttach PAC-DR)
			Runoff	4		campaign treasurer
10	PERIOD COVERED				termination	
	PERIOD COVERED	Month Day Year			Month Day	Year
		04 /04 /01	THROUGH		7/10	/2001
						2001
11	ELECTION	ELECTION DATE ELE Month Day Year	CTION TYPE			
		11 / 67 /2000	Primary R	tunoff	X General	Consist
		/ 0 / / 2000			C) Geriei ai	Special
		00.74	) DAGE 0			
			PAGE 2			ļ

### SPECIFIC-PURPOSE COMMITTEE REPORT: **PURPOSE AND TOTALS**

FORM SPAC COVER SHEET PG 2

40.00444				
12 COMMITTEE NAME			ACCOUNT # (Ethics Commission filers)	
SAN Antonio	Fluoridation	FOR Everyone (SAFE)		
13 COMMITTEE PURPOSE (Attach lists on plain	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	200 JUL	
paper to complete this report if necessary.)		·		
	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	D WALL	
SUPPORT			I: 16	
OPPOSE		BALLOT IDENTIFICATION / # EL Month	ECTION DATE Day Year	
ASSIST	MEASURE	11/	07 /2000	
(officeholders only)	·	DESCRIPTION		
		Fluoridation Initiative		
14 NO REPORTABLE ACTIVITY	Check here if no	o reportable activity occurred during this reporting period. (Sign affidavit be	elow and submit pages 1 and 2 only.)	
15 CONTRIBUTION TOTALS	1. TOTAL POLITI PLEDGES, LO	CAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-	
	2. TOTAL POL (OTHER THAN	ITICAL CONTRIBUTIONS I PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ _0 -	
EXPENDITURE TOTALS	3. TOTAL POLITI	ICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	
	4. TOTAL POLI	TICAL EXPENDITURES	\$ 1868, 33	
OUTSTANDING LOAN TOTALS	5. TOTAL PRINC LAST DAY OF	IPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE THE REPORTING PERIOD	\$ -0-	
16 AFFIDAVIT				
**********		I swear, or affirm, under penalty of perju report is true and correct and includes all	iry, that the accompanying	
	LACEY JAMES	reported by me under Title 15, Election (	Code.;	
(·(~~)·)	Note: State of Texas	& Hourself &	) In	
<b>&amp;</b>	10 <b>20 10</b> 10 10 10 10 10 10 10 10 10 10 10 10 10	Signature of campaign t	reasurer	
AFFIX NOTARY STAMP / SEA	L ABOVE			
Swom to and subscribed	before me, by the sa	id HARRIET M. HELMLE	this the 10th day	
of <u>UULY</u> , 20 <u>O</u> , to certify which, witness my hand and seal of office.				
Signature of officer adminis	tering oath P	IACEY AMES rinted name of officer administering oath  Title of officer	cer administering oath	
			·	

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAMI SAN An	tonio Fluoridation For Euryone		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name  Guerra De Berry Coudy  6 Payee address; City: State: Zip Code  122 East Houston St., 2nd Floor SAN Antonio, TX 78205		7 Amount TO MATEUR
required.)	ment (See instructions regarding type of information  Audiovisual Equipment - Piess Conferm  on Fluoride Campungn		rect expenditure to benefit C/OH •• ame Office sought Office held
5   31   01	Payee name  Guerra De Berry Goody  Payee address; City: State; Zip Code  122 EAST Houston St. 2nd Floor  SAN Antonin, TX 78205		Amount (\$)
required.)	ment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder na	rect expenditure to benefit C/OH •• ame Office sought Office held
Date & Loloj	Payee name  Kevin Donly  Payee address; City; State; Zip Code  12901 Hunters Arrow  SAN Antonio, TX 78230		Amount (\$)
required )	ment (See instructions regarding type of information least for purchase of color photos (4)	↔ Complete if dir Candidate / Officeholder na	rect expenditure to benefit C/OH ame Office sought Office held
Date 6 27 01	Payee name  U.S. Postmaster  Payee address; City; State; Zip Code  Medicul Cente, SAN Antom, TX	78229	Amount (\$)  #19.00
required.)	ment (See instructions regarding type of information  Rental - 6 mos (SAFÉ)	•• Complete if dir Candidate / Officeholder na	ect expenditure to benefit C/OH ** sme Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NI	EEDED